

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/857300

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	X					
2	X					
3		X				
4		X				
5		X				
6		X				
7		X				
8	X					
9	X					
10		X				
11		X				
12		X				
13		X				
14		X				
15		X				
16		X				
17		X				
18		X				
19		X				
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49						
50						
TOTAL IND.	4					
TOTAL DEP.		22				
TOTAL CLAIMS	4	22				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS